

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$180.00 for date of service, 03/26/01.
- b. The request was received on 03/05/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. HCFA 1500
 2. EOB(s)
 - b. Additional documentation requested on 06/12/02 and received on 06/18/02
 1. Position statement dated 06/18/02
 2. Medical records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 06/26/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. Notice of letter requesting additional information is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/18/02

"The claim was denied as 'Unbundling' for DOS 3/26/01. The PPE test is not billed together with other office visits; it is billed separate. ..., **OTR**, not ____, D.C., rendered the service. The patient did also saw [sic] ____, D.C. on 3/26/01 for a regular monthly follow-up visit where he mentions the patient's condition and suggesting [sic] future treatment but he does not say anything about the PPE test.... The supporting documentation is enclosed attached to a copy of medicine Ground Rules (I)(E)(3), a copy of ____ dictation on 2/23/01 where he suggested the patient be scheduled for a PPE test and a copy of ____... dictation on 3/26/01. Please review the supporting documents for DOS 3/26/01.
2. Respondent: No response found.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 03/26/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$180.00 for services rendered on the date of service in dispute above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date of service in dispute above and denied any reimbursement as "G =Unbundling". The Carrier's reconsideration EOB, dated 11/15/01 states, "*MT – ROM IS PART OF THE EXAM OF 99214 BILLED THAT DAY.*"
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$180.00 for services rendered on the date of service in dispute above.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
03/26/01	97750 MT	\$180.00	\$0.00	G	\$43.00/15 mins	MFG; MGR (I) (E) (3); CPT Descriptor	The Carrier has denied the muscle testing as "G". Their reconsideration EOB states the muscle testing is a part of an office code (99214) billed on the same day. CPT Code 97750 MT billed for this day was performed by an occupational therapist and a physician billed for CPT Code 99214 on the same day. In accordance with the MFG, muscle testing is not global to an office visit unless performed by a physical therapist or occupational therapist during a re-evaluation visit (99213). Therefore, reimbursement in the amount of \$172.00 (\$43.00 x 4 = \$172.00) is recommended.
Totals		\$180.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$172.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$172.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 1st day of October 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt